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June 17, 2009

TO: Commissioner for Patents  
Attn: Deborah Carr  
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FAX NUMBER: 571-273-8300

FROM: Gary J. Speier  
OUR REF: 1804.004US1  
TELEPHONE: 571-272-0637

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (2 pages).

Total pages of this transmission, including cover letter: 2 pages.  
If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Mark Hoffman et al.

Examiner: Deborah Carr

Serial No.: 10/696,730

Group Art Unit: 1621

Filed: October 29, 2003

Docket No.: 1804.004US1

Title: ISOLATION OF LUTEIN FROM ALFALFA

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

  
Richard Huber

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/696,730
Filing Date	October 29, 2003
First Named Inventor	Mark Hoffman
Art Unit	1621
Examiner Name	Deborah Carr
Attorney Docket Number	1804.004US1

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To: Commissioner for Patents  
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Please withdraw me as attorney or agent for the above identified application, and

- all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
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NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

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| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv)        |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)            |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)     | <input type="checkbox"/> 10.40(c)(6) Please explain below: |   |

**Certifications**

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

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Change the correspondence address and direct all future correspondence to:

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B.  Inventor or  
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City St. Paul State MN Zip 55108 Country United States of America

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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name Gary J. Speier Registration No. 45,458

Address 1600 TCF Tower, 121 South 8th Street

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Date June 17, 2009 Telephone No. (612) 359-3261

NOTE: Withdrawal is effective when approved rather than when received.